## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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DEP.	IND.	<del> </del>	] _[	ļ	]_[		1 _4
TOTAL CLAIMS	DEP.		<del></del>		<del></del>		<del></del>
	TOYAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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